

**STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
Division of Banking**

INSTRUCTIONS FOR COMPLETING PROOF OF LOSS FORM

Attached is a two (2) page proof of loss form to obtain reimbursement for your loss as a result of a payment made to an agent of CashPoint Network Services, Inc. First, in order to obtain reimbursement through the surety bond, your bill payment must have been made to an agent in the State of Rhode Island. You must take the following steps in order to be considered for reimbursement by the insurance company:

- You must provide a copy of your receipt obtained from the agent to whom payment was made; and
- You must provide a copy of the most recent billing statement from the payee (company for which payment was made); and
- You must complete the following line items on the proof of loss form:

PLEASE COMPLETE ALL LINE ITEMS HIGHLIGHTED IN GRAY. ONCE YOU HAVE COMPLETED THE INFORMATION, THIS FORM MUST BE NOTARIZED BY A NOTARY PUBLIC.

PAGE 1:

PROOF OF LOSS:

You must complete the following:

Name and Address of Claimant:

Please indicate your full name and address, including apartment or unit number and zip code, on this line.

Date of Loss:

Please indicate the date that you made payment to the CashPoint agent. This date should correspond to the date indicated on your receipt.

Date Loss Reported to Company:

Please indicate the date you contacted the company to report the loss. If you have not yet reported the loss to the company, please do so prior to completing this form.

DETAILS OF LOSS:

This section has been completed for you.

PAGE 2:

Please complete the top section of page two (2) as follows:

- (1) Date of Loss: Please indicate, in the left hand column of the shaded area, the date that you made your payment to the CashPoint agent. This date must agree with the date indicated on your receipt. If you made bill payments on more than one date, please list them in the order in which they were paid.
- (2) Description of Loss or Credit. Please indicate, in the middle column of the shaded area, the agent to whom you made payment **and** the name of the company to whom the payment was intended (i.e. MCI bill, N.E. Gas bill, Narragansett Electric bill, Dish Network bill, Verizon bill, A T & T bill, etc.). If there was more than one payment made on the date of loss, please list the names of the companies on the lines provided.
- (3) Amounts Claimed or credited: Please indicate the amounts that you paid that were not received by the company or companies to whom the payment was intended. Enclose a copy of your most recent billing statement to show that your payment was not credited to your account.
- (4) Total Loss: Please total the amounts indicated in part three (3) above and insert number on this line.
- (5) Net Loss: Please enter the amount of Total Loss, determined in part four (4) above, on this line.

DO NOT SIGN THIS DOCUMENT PRIOR TO BRINGING IT TO A NOTARY PUBLIC.

ONCE YOU HAVE COMPLETED THE ABOVE, YOU MUST BRING THE COMPLETED FORM TO A NOTARY PUBLIC TO GET YOUR SIGNATURE NOTARIZED. MAKE A COPY OF THE NOTARIZED DOCUMENT FOR YOUR RECORDS. IF YOU DO NOT HAVE ACCESS TO A NOTARY, YOU MAY BRING THIS FORM TO THE DEPARTMENT OF BUSINESS REGULATION AT THE FOLLOWING ADDRESS:

**233 Richmond Street, Suite 231
Providence, RI 02903-4231
401-222-2405**

Mailing Instructions:

Mail the following documents to the address indicated below:

- **Proof of Loss Form.**
- **Copy of your receipt from CashPoint or its agent.**
- **Copy of your most recent billing statement.**

Mail to: Platte River Insurance Company
c/o Capitol Insurance Companies
4610 University Avenue
P.O. Box 5900
Madison, WI 53705-0900

PROOF OF LOSS

Name and Address of the Claimant

Person(s) Familiar With The Facts And Phone Number(s) And Job Title(s)

N/A

Federal Tax Identification Number or Social Security Number (Required)

CashPoint Network Services, Inc.

40080335

Name of Principal

Bond or Policy Number

Date(s) Of Loss

Date Loss Reported To Company

In the space below, specify the name(s) of the person(s) who caused the loss(es), how the loss(es) were caused and when the loss(es) occurred. Make reference to and attach hereto any documentary evidence to substantiate these statements.

DETAILS OF LOSS

I incurred a monetary loss as a result of making a bill payment to an agent of CashPoint Network Services, Inc. ("CashPoint"). I have enclosed a copy of my receipt indicating the payment made and, in addition, I have enclosed a copy of my most recent billing statement from the payee indicating that payment was not received by the payee from CashPoint. The facts pertinent to my claim are detailed on the following page.

If space provided is insufficient, use other paper and attach hereto.

In the space below, describe each item of loss for which claim is made and the amount claimed (indicate the interest of any other person, firm or corporation in the item of loss), and each credit to be applied against the items of loss.

Date of Loss	Description of Item of Loss or Credit	Amounts Claimed or Credited	
		Total Loss	
		Credits	
		Net Loss	

It is understood that the above facts and details of loss are subject to verification, the acceptance and retention of this form by the Company as completed by the undersigned does not constitute a waiver of any stipulation or condition of the bond or policy or an admission of coverage or liability thereunder.

State of _____)
 _____)
 County of _____)

ss:

 Signature of Claimant

_____, being duly sworn, deposes and says that he/she is the _____ of _____ and, the statements above, on the preceding page hereof and in any papers attached hereto constitute a complete and truthful recital of all facts now known concerning this claim with no material facts being withheld or suppressed by the insured.

Subscribed and sworn to before me this _____ day of _____, 2004.

Notary Public
 My commission _____